

School Forest Garlic Mustard Data Form

Submit data to the school forest garlic mustard monitoring project on the Wisconsin NatureMapping website at www.wisnatmap.com

Student/Secondary Observer Name _____

Plant ID & Specimen Information

Common Name _____

Date observed (mm/dd/yyyy) ____/____/____

Specimen collected: Yes / No

Where sent? _____ Date sent ____/____/____

Photographs taken : Yes / No

Where sent? _____ Date sent ____/____/____

Observer / Collector Information: Contact information will not be distributed

Name _____ E-mail _____

Location and Ownership Information

County _____

Site name / Managed area name _____

Legal Description: T _____ N R _____ E / W Sec. _____ 1/4 _____ 1/4 _____

Latitude/Longitude (in decimal degrees) Lat. _____ N Long. _____ W

Status of Occurrence

Gross area _____ Total area surveyed _____ Area infested _____
(all in acres)

Density (*circle one*) Few plants/small patch 1 2 3 4 5 Complete coverage

Phenology (*check all that apply*)

In Flower In Fruit Seedlings/Rosettes Seeds dispersed Dormant/Dead/Not applicable

Reproduction observed? Yes / No

(Over, please)

Site Information

Vegetation community Woodland Grassland Wetland Aquatic Other_____

Other invasives present? *(please list)*

Land use *(road, trail, agricultural, residential, natural plant community and wild area, park, etc.)*

Disturbance factors *(logging, grazing, mowing, erosion / sedimentation, etc.)*

Control

Control method(s) used Cut stump treatment Basal bark treatment Foliar spraying Mowing
Prescribed burning Torch burning Cutting Pulling

Area treated _____

Date of treatment ____/____/____

Additional information about the site *(may include plant or animal species lists, recommendations for inventory or control work)*
